

ACU ACTIVE, CANCELLATION FORM

Are you sure you want to cancel?

If you only need a few weeks' break, why not submit a Membership Suspension request instead? This will save you time and hassle when you want to start again. All ACU Active facilities offer up to three (3) months FREE suspension per calendar year for Direct Debit memberships.

It is the responsibility of each member to cancel their membership. Non-attendance does not warrant a refund or cancellation. Memberships will not automatically cancel due to non-attendance. Cancellation requests can be submitted by using this form.

Cancellation Request Terms and Conditions

- You may cancel your Direct Debit Membership Agreement within seven (7) business days of signing the Membership Agreement and will incur no additional charges after the initial pro-rata payment. After this 'cooling off period', there will be no refund of the membership fee.
- You will be notified by an ACU Active staff member at your location via email once your cancellation has been processed.
- Memberships cannot be cancelled inside the minimum term of three (3) months. Should you wish to cancel your membership within this period you will be required to pay out the remaining minimum term in full, including any pro-rata periods.
- You must disclose at least seven (7) days prior to your scheduled billing date that you intend to cancel your membership, otherwise you will be required to pay the next fortnight of membership.
- You cannot transfer your membership and there are no refunds of membership fees.
- You cannot cancel your membership until all payments are up to date.
- You cannot cancel and suspend your membership simultaneously.
- A medical cancellation will be available where a member has a medical condition precluding participation in the membership for a minimum four (4) consecutive weeks. Medical conditions include prolonged illness, hospitalisation, broken bones and contagious disease. The member must submit a Cancellation Form within four (4) weeks of incurring the medical condition, and provide a supporting medical certificate.
- Cancellations will not be accepted via email or phone call.

To discuss your membership cancellation please email acuactive@acu.edu.au



ACU ACTIVE CANCELLATION FORM				
	Al	PPLICANT INFORMA	TION	
Full Name:			Facility Location:	
Date:	Student/Staff ID:			Phone:
Address:				1
City:	State:			Postcode:
Email Address:				1
I am: Student 🗆	Staff 🗆			Community 🗆
Cancellation Date:				
Reason for Cancellation	:			
Additional supporting c	omments/evi	dence (please at	tach supportin	g medical certificate
where applicable):				
		SIGNATURES		
□ I accept that there is a	a minimum th	ree (3) month te	erm to my mer	nbership.
Conditions				
As per your contract, a l	Direct Debit c	annot be cancell	ed until a mini	mum three (3)
months has passed. To verify your minimum term dates, please email ACU Active -				
acuactive@acu.edu.au. Please note, your cancellation will not be processed until the 3				
months has passed.				
Authorisation	ons outlined a	bove		
Name:				Date:
Signature:				1
OFFICE USE ONLY				
Date Request Received:		Approved by:		Processed Date:
Signature:		1		1

